

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 741133

**FILED**  
**Jan 25, 2010**  
**Secretary of State**

**Entity Name:** MIAMI BEHAVIORAL HEALTH CENTER, INC.

**Current Principal Place of Business:**

11031 NE 6 AVE  
MIAMI, FL 33161 US

**New Principal Place of Business:**

**Current Mailing Address:**

11031 NE 6 AVE  
MIAMI, FL 33161 US

**New Mailing Address:**

**FEI Number:** 59-1787777      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HAYDEN, H BRUCE PRES  
11031 NE 6 AVE  
MIAMI, FL 33161 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: COB  
Name: FERNANDEZ, JORGE A  
Address: 150 ALHAMBRA CIRCLE  
City-St-Zip: MIAMI, FL 33134

Title: VCOB  
Name: ABADIN, LOURDES  
Address: 201 S. BISCAYNE BLVD., SUITE 2826  
City-St-Zip: MIAMI, FL 33131

Title: S/T  
Name: SANTALO, ALBERT  
Address: 11441 SW 77TH AVENUE  
City-St-Zip: PINECREST, FL 33156

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: H. BRUCE HAYDEN

PRES

01/25/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date